



"I quit smoking and lost my job at the Lab."

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TO NORTH CAROLINA

(Photo by Ben Connell)

John Bankhead, Tobacco Institute Southeast area manager, displays the message being delivered by The Institute on billboards and in magazine advertisements in that seven state region: Tobacco is a vital part of the economy. Tobacco contributions to each state were evaluated by the University of Pennsylvania's Wharton Applied Research Center.

Quote of The Observer

Tobacco has long been suspected as a cause of disease but widespread, authoritative condemnation of smoking only followed the studies of Sir Richard Doll and A. B. Hill. Their early conclusions were circumspect and rightly so.

They studied a population which was self-selected at three successive levels. A subset of the British population (doctors) were asked to take part in a long-term experiment. Those who agreed comprised a second subset. These subdivided at a third level into doctors who decided to give up smoking and those who didn't.

Doll and Hill compared mortalities in smokers and ex-smokers with non-smokers. The results of such a study could only be at best interesting and suggestive, and at worst grossly misleading.

Since then the case for smoking as a cause of shortened life due particularly to lung cancer has become a multifaceted chunk of the medical and scientific literature extending to over 30,000 papers.

If science were a democracy the case would be proved. It is not. (Emphasis added.)

P.R.J. Burch presented the opposing case at a recent meeting of the Royal Statistical Society. Judged by the discussion which followed, the case against smoking was found to be unproved. Some of the main points are:

(1) Inhalers have a lower incidence of lung cancer than non-inhalers.

(2) There is little correlation between tobacco consumed per capita in different countries and the incidence of lung cancer.

(3) Women started smoking about 30 years after men. The maximum increase in the incidence of lung cancer occurred at about the same time (1930-35) for both men and women, contrary to popular opinion.

(4) Mean age for diagnosis of lung cancer is 57 regardless of the quantity of tobacco consumed by the individual.

(5) Smokers are much more likely to be diagnosed incorrectly as suffering from lung cancer than nonsmokers so that the statistics linking smoking and cancer are inflated.

(6) The British death rate from lung cancer is twice the Australian but approaches the Australian value in British immigrants who have spent most of their lives in Australia.

Article in:

The Australian Surgeon

By J. R. Johnstone, Ph.D.

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